

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

Page 1 of 30

For Official Use Only

Statement covers period

from 01/01/2016

through 04/23/2016

Date of election if applicable:
(Month, Day, Year)

06/07/2016

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

☒ General Purpose Committee

- ☒ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

Amend form 460 to correct Summary Page, Schedule A due to a rounding and deposit error.

3. Committee Information

I.D. NUMBER
880212

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS

fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER

Mr. Thomas W. Hiltachk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

NAME OF ASSISTANT TREASURER, IF ANY

Ashlee N. Titus

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(916) 442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/25/2016 By Thomas W. Hiltachk
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/25/2016 By Jennifer Newman
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 30

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2016 through 04/23/2016	CALIFORNIA FORM 460 Page 3 of 30 I.D. NUMBER 880212
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$14,187,482.43	\$14,187,482.43
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$14,187,482.43	\$14,187,482.43
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$14,187,482.43	\$14,187,482.43

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$13,662,474.78	\$13,662,474.78
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$13,662,474.78	\$13,662,474.78
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$2,805.00	\$2,805.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$13,665,279.78	\$13,665,279.78

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$1,006,277.80	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$14,187,482.43	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$1.02	
15. Cash Payments	Column A, Line 8 above	\$13,662,474.78	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$1,531,286.47	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$2,805.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 01/01/2016		
through 04/23/2016		Page 4 of 30
		I.D. Number 880212

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/14/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$83,333.00	\$333,332.00	
2/9/2016	Barton Memorial Hospital South Lake Tahoe, CA 96158	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$58,508.00	\$58,508.00	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Childrens Hospital Los Angeles Los Angeles, CA 90054 Committee ID: 484214	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$450,339.00	\$450,339.00	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$14,187,482.43

2. Amount received this period - unitemized contributions of less than \$100

\$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$14,187,482.43

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>04/23/2016</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>30</u>		
NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		I.D. Number 880212

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/2016	Citrus Valley Health Partners Covina, CA 91723 Committee ID: 1286747	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$235,397.25	\$235,397.25	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Community Medical Centers Fresno, CA 93710 Committee ID: 1261972	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$635,049.36	\$635,049.36	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Community Memorial Health System/Community Memorial Hospital Ventura, CA 93003 Committee ID: 1355057	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$163,104.00	\$163,104.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 01/01/2016 through 04/23/2016	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)	I.D. Number 880212
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Good Samaritan Hospital Los Angeles, CA 90017	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150,813.63	\$150,813.63	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Henry Mayo Newhall Memorial Hospital Valencia, CA 91355 Committee ID: 484425	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$130,962.15	\$130,962.15	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	04/23/2016	Page 7 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)	I.D. Number 880212
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/2016	Kaiser Permanente Northern California Region Oakland, CA 94612-3610	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,902,068.17	\$3,902,068.17	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Keck Medical Center of USC Los Angeles, CA 90033	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$430,079.00	\$430,079.00	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Lucile Packard Children's Hospital Stanford Palo Alto, CA 94304	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$529,595.00	\$529,595.00	
SUBTOTAL						

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from 01/01/2016 through 04/23/2016		CALIFORNIA FORM 460 Page 8 of 30 I.D. Number 880212
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Marshall Medical Center Placerville, CA 95667 Committee ID: 1261615	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$112,644.18	\$112,644.18	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	NorthBay Healthcare Corporation Fairfield, CA 94534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$202,151.07	\$202,151.07	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	04/23/2016	Page 9 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)	I.D. Number 880212
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/2016	Pomona Valley Hospital Medical Center Pomona, CA 91767	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$254,707.20	\$254,707.20	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Presbyterian Intercommunity Hospital dba PIH Health Hospital - Whittier Whittier, CA 90606 Committee ID: 484241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$334,406.00	\$334,406.00	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Rady Children's Hospital San Diego, CA 92123	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$312,006.42	\$312,006.42	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from 01/01/2016 through 04/23/2016		CALIFORNIA FORM 460 Page 10 of 30
I.D. Number 880212		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Redlands Community Hospital/RHS Corp Redlands, CA 92373 Committee ID: 1261618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$111,704.67	\$111,704.67	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Ridgecrest Regional Hospital Ridgecrest, CA 93555-3130	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$87,800.13	\$87,800.13	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

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 (other than PTY or SCC)
 OTH - Other
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 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2016</u> through <u>04/23/2016</u>		CALIFORNIA FORM 460
Page <u>11</u> of <u>30</u>		
NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		I.D. Number 880212

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/2016	Sharp HealthCare San Diego, CA 92121 Committee ID: 494053	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$998,511.03	\$998,511.03	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Stanford Health Care Stanford, CA 94305 Committee ID: 1293912	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,282,344.03	\$1,282,344.03	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/9/2016	Torrance Memorial Medical Center Torrance, CA 90505 Committee ID: 1287768	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$258,895.00	\$258,895.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	04/23/2016	Page 12 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. Number
880212

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/10/2016	Kaiser Permanente Southern California Region Pasadena, CA 91103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,701,241.73	\$2,701,241.73	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/10/2016	Marin General Hospital Greenbrae, CA 94904	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$170,393.00	\$170,393.00	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through	04/23/2016	Page 13 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. Number
880212

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/10/2016	Valley Children's Hospital Madera, CA 93636	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$236,866.41	\$236,866.41	
	INTERMEDIARY California Hospital Association Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
2/15/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$83,333.00	\$333,332.00	
3/14/2016	Oroville Hospital Oroville, CA 95966	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$104,564.00	\$104,564.00	
3/23/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$83,333.00	\$333,332.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)	I.D. Number 880212
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
4/14/2016	California Association of Hospitals and Health Systems Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$83,333.00	\$333,332.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$14,187,482.43

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 01/01/2016 through 04/23/2016	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 01/01/2016 through 04/23/2016	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2016</u> through <u>04/23/2016</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 01/01/2016

through 04/23/2016

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. NUMBER

880212

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/6/2016	Yes on 56 - Save Lives California Yes on 56 - Save Lives California Ballot Number or Letter: 56 Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000,000.00	\$1,000,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/8/2016	California Democratic Party/Democratic State Central Committee of California	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000.00	\$25,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/8/2016	Californians for Fair Tax Policy, Senator Hertzbert Ballot Measure Committee Californians for Fair Tax Policy, Senator Hertzbert Ballot Measure Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000.00	\$25,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$13,612,500.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$13,612,500.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2016		
through 04/23/2016		Page 19 of 30

NAME OF FILER
 California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. NUMBER
 880212

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/11/2016	Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, Health Care Providers AG#15-0115 Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,000,000.00	\$12,500,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
2/11/2016	Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, Health Care Providers AG#15-0115 Jurisdiction: Statewide Memo Reference: EXP2150	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$8,500,000.00	\$12,500,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/2/2016	Coalition for Responsible Drug Policies Control, Regulate and Tax Adult use of Marijuana Act Ballot Number or Letter: N/A Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
3/10/2016	California Works Speaker Toni Atkins Ballot Measure Committee	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000.00	\$25,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 01/01/2016

through 04/23/2016

**CALIFORNIA
FORM 460**

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NAME OF FILER

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. NUMBER
880212

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/29/2016	California Republican Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$25,000.00	\$32,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
4/20/2016	California Republican Party	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$7,500.00	\$32,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL				\$13,612,500.00		

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2016 through 04/23/2016	CALIFORNIA FORM 460 Page 21 of 30 I.D. NUMBER 880212
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Yes on 56 - Save Lives California Sacramento, CA 95814 Committee ID: 1377991	CTB		\$1,000,000.00
California Democratic Party/Democratic State Central Committee of California Sacramento, CA 95811 Committee ID: 741666	CTB		\$25,000.00
Californians for Fair Tax Policy, Senator Hertzbert Ballot Measure Committee Sacramento, CA 95814 Committee ID: 1380430	CTB		\$25,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$13,662,424.78
2. Unitemized payments made this period of under \$100.	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$13,662,474.78

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		I.D. NUMBER 880212

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, Health Care Providers Sacramento, CA 95814 Committee ID: 1381382	CTB			\$4,000,000.00
Calkin Public Affairs Sacramento, CA 95811		CNS, TRS		\$10,966.78
Coalition for Responsible Drug Policies Sacramento, CA 95814 Committee ID: 1382568	CTB			\$5,000.00
California Works Speaker Toni Atkins Ballot Measure Committee Sacramento, CA 95814 Committee ID: 1357909	CTB			\$25,000.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$316.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		I.D. NUMBER 880212

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$336.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO			\$806.00
Russo Miller & Associates, LLC Austin, TX 78701	CNS			\$2,500.00
Russo Miller & Associates, LLC Austin, TX 78701	CNS			\$2,500.00
Calkin Public Affairs Sacramento, CA 95811	CNS			\$10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	01/01/2016	
through 04/23/2016		Page 24 of 30
NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		I.D. NUMBER 880212

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Russo Miller & Associates, LLC Austin, TX 78701	CNS			\$2,500.00
California Republican Party Burbank, CA 91506	CTB			\$25,000.00
Committee ID: 810163 Calkin Public Affairs Sacramento, CA 95811	CNS			\$10,000.00
California Republican Party Burbank, CA 91506	CTB			\$7,500.00
Committee ID: 810163 Calkin Public Affairs Sacramento, CA 95811	CNS			\$10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2016		
through 04/23/2016		Page 25 of 30
NAME OF FILER California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)		I.D. NUMBER 880212

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, Health Care Providers Sacramento, CA 95814 Memo Reference: RCV2169 Committee ID: 1381382			Loan Forgiven	\$8,500,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$13,662,424.78

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2016
through 04/23/2016

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. NUMBER
880212

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814	PRO	\$0.00	\$305.00	\$0.00	\$305.00
Russo Miller & Associates, LLC Austin, TX 78701	CNS	\$0.00	\$2,500.00	\$0.00	\$2,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$0.00 \$2,805.00 \$0.00 \$2,805.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$2,805.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$2,805.00
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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through	04/23/2016	Page 27 of 30

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NAME OF FILER
California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. NUMBER
880212

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Calkin Public Affairs

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235	TRS			\$255.98
Southwest Airlines Dallas, TX 75235	TRS			\$503.46

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$759.44

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.


SCHEDULE H

Statement covers period from 01/01/2016 through 04/23/2016	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. NUMBER
880212

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
Californians for Protecting Public Education, Health Care and Budget Stability, Sponsored by Teachers, Health Care Providers Sacramento, CA 95814 Memo Reference: RCV2151 			\$8,500,000.00	<input type="checkbox"/> PAID <input checked="" type="checkbox"/> FORGIVEN \$8,500,000.00		0.00 % RATE	\$8,500,000.00	CALENDAR YEAR \$8,500,000.00 PER ELECTION**
Committee ID: 1381382					DATE DUE		2/11/2016 DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS	\$8,500,000.00	\$8,500,000.00			

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period \$8,500,000.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans \$8,500,000.00
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET** \$0.00
(Enter the net here and on the Summary Page, Column A, Line 7.)
(May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period		CALIFORNIA FORM 460
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through	04/23/2016	Page 29 of 30

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NAME OF FILER

California Hospitals Committee on Issues, (CHCI) Sponsored by California Association of Hospitals and Health Systems (CAHHS)

I.D. NUMBER

880212

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$0.00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$0.00
2. Unitemized increases to cash under \$100 this period.	\$1.02
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$1.02

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: EXP2150

Loan made 2/11/2016; forgiven 3/23/2016

Memo Reference: RCV2169

Loan made 2/11/2016; forgiven 3/23/2016

Memo Reference: RCV2151

Loan made 2/11/2016; forgiven 3/23/2016
